

Mumps Surveillance Worksheet

169

NAME (Last, First)				Hospital Record No.	
Address (Street and No.)		City	County	Zip	Phone
Reporting Physician/Nurse/Hospital/Clinic/Lab			Address		Phone

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Mumps Surveillance Worksheet

County		State		Zip	
Birth Date Month Day Year		Age Unk = 999		Age Type 0 = 0-120 years 1 = 0-11 months 2 = 0-52 weeks 3 = 0-28 days 9 = Age unknown	
Race N = Native Amer./Alaskan Native A = Asian/Pacific Islander B = African American		W = White O = Other U = Unknown		Ethnicity H = Hispanic N = Not Hispanic U = Unknown	
Sex M = Male F = Female U = Unknown		Event Date Month Day Year		Event Type 1 = Onset Date 2 = Diagnosis Date 3 = Lab Test Done	
Outbreak Associated Unk = 999		Reported Month Day Year		Imported 1 = Indigenous 2 = International 3 = Out of State 9 = Unknown	
Report Status 1 = Confirmed 2 = Probable 3 = Suspect 9 = Unknown					
Parotitis? Y = Yes N = No U = Unknown		Meningitis? Y = Yes N = No U = Unknown		Deafness? Y = Yes N = No U = Unknown	
Notes:		Encephalitis? Y = Yes N = No U = Unknown		Death? Y = Yes N = No U = Unknown	
Other Complications? Y = Yes N = No U = Unknown		If Yes, Please Specify:			
Hospitalized? Y = Yes N = No U = Unknown		Days Hospitalized 0 - 998 999 - Unknown			
Was Laboratory Testing For Mumps Done? Y = Yes N = No U = Unknown		Vaccinated? (Received mumps-containing vaccine?) Y = Yes N = No U = Unknown			
Date IGM Specimen Taken Month Day Year		Vaccination Date Month Day Year			
Result P = Positive N = Negative I = Indeterminate		Vaccine Type A = MMR B = Mumps O = Other U = Unknown			
Date IGG Acute Specimen Taken Month Day Year		Vaccine Manuf. Codes M = Merck O = Other U = Unknown			
Date IGG Convalescent Specimen Taken Month Day Year		Number of doses received ON or AFTER 1st birthday			
Result P = Significant Rise in IGG N = No Significant Rise in IGG I = Indeterminate E = Pending X = Not Done U = Unknown		If Not Vaccinated, What Was The Reason? 1 = Religious Exemption 2 = Medical Contraindication 3 = Philosophical Objection 4 = Lab. Evidence of Previous Disease 5 = MD Diagnosis of Previous Disease 6 = Under Age For Vaccination 7 = Parental Refusal 8 = Other 9 = Unknown			
Other Lab Result P = Positive N = Negative I = Indeterminate E = Pending X = Not Done U = Unknown		Specify Other Lab Method:			
Date First Reported to a Health Department Month Day Year		Date Case Investigation Started Month Day Year			
Transmission Setting (Where did this case acquire mumps?) 1 = Day Care 2 = School 3 = Doctor's Office 4 = Hospital Ward 5 = Hospital ER 6 = Hospital Outpatient Clinic 7 = Home 8 = Work 9 = Unknown 10 = College 11 = Military 12 = Correctional Facility 13 = Church 14 = International Travel 15 = Other		Outbreak Related? Y = Yes N = No U = Unknown			
Were Age and Setting Verified? (Is age appropriate for setting, i.e. aged 48 years and in day care, etc.) Y = Yes N = No U = Unknown		Source of Exposure For Current Case (Enter State ID if source was an in-state case; enter Country if source was out of US; enter State if source was out-of-state)			
If Transmission Setting Not Among Those Listed And Known, What Was The Transmission Setting?		Epi-Linked to Another Confirmed or Probable Case? Y = Yes N = No U = Unknown			

Note: This form has 2 sides

Indicates epidemiologically important items not yet on NETSS screen

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Notes/Other Information:

Clinical Case Definition*:

An illness with acute onset of unilateral or bilateral tender, self-limited swelling of the parotid or other salivary gland, lasting ≥ 2 days, and without other apparent cause.

Case Classification*:

Probable: A case that meets the clinical case definition, has noncontributory ~~omo~~ serologic or virologic testing, and is not epidemiologically linked to a confirmed or probable case.

Confirmed: A case that is laboratory confirmed or that meets the clinical case definition and is epidemiologically linked to a confirmed or probable case. A laboratory-confirmed case does not need to meet the clinical case definition.

*CDC. Case Definitions for Infectious Conditions Under Public Health Surveillance. MMWR 1997;46(No.RR-10):39.

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